

POST ACADEMY - Hearing Exam Report
Probation and Parole Officers

Applicant's Name: _____

POST ID # _____ - _____ - _____
Last # of SSN First Letters of Day of Birth
First Name 01--31

To the Applicant: It is necessary to have this exam conducted by an audiologist or a physician with the necessary equipment to conduct the "Pure Tone Threshold Test" using the minimums listed below.

To the examining Physician/Audiologist: The above named applicant has chosen a career as a Probation and Parole Officer. A "pure tone threshold test" is required prior to acceptance into the Idaho POST Academy.

Based upon the IDAHO Probation Officer Job Task Analysis Study, an officer must meet the following minimums.

HEARING STANDARDS FOR PROBATION AND PAROLE OFFICERS

PLEASE ANSWER ALL QUESTIONS -- INCOMPLETE FORMS WILL BE RETURNED

Applicant must have unaided or aided hearing between zero (0) and twenty-five (25) decibels for each ear at the frequencies of one thousand (1000) Hz, two thousand (2000) Hz and three thousand (3000) Hz.

| | | | | |
|----------------------|----------|----------|----------|---|
| Frequency: | 1,000 Hz | 2,000 Hz | 3,000 Hz | HEARING AID USED <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Right Ear | _____db | _____db | _____db | |
| Left | _____db | _____db | _____db | |
| NOTE ANY ABNORMALITY | | | | |

PHYSICIAN/AUDIOLOGIST'S STATEMENT:

Please initial the appropriate area

_____ I, (or my designee) have examined the above named applicant to the Idaho POST Academy. It is **my opinion** that the applicant **MEETS** the minimum hearing standards for probation officers.

_____ It is **my opinion** that the applicant **DOES NOT MEET** minimum hearing standards for the following reasons:

Signature of Examiner _____ **Date of Exam** _____

Important!

Type or Stamp Physician/Audiologist's name, address, telephone number in the space below:

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